Washington State Department of Labor & Industries Professional Services Fee Schedule

		Maximum	
Local Code	Description	Fee	Payment Policy Reference
0401A	Claimant - Private transportation, per mile	State Rate	To reimburse claimant costs
	Claimant - Parking	By Report	To reimburse claimant costs
0403A	Claimant - Bridge ferry tolls	By Report	To reimburse claimant costs
0405A	Claimant - Commercial fare (airlines, railroad)	By Report	To reimburse claimant costs
0406A	Claimant - Lodging (hotel/motel)	State Rate	To reimburse claimant costs
0407A	Claimant - Breakfast	State Rate	To reimburse claimant costs
0408A	Claimant - Lunch	State Rate	To reimburse claimant costs
0409A	Claimant - Dinner	State Rate	To reimburse claimant costs
0411A	Claimant - Time lost from work to attend department or self-insurer requested IME	By Report	To reimburse claimant costs
0412A	Claimant - Travel related to a department or self-insurer requested exam	State Rate	To reimburse claimant costs
0413A	Claimant - Miscellaneous travel (must specify)	State Rate	To reimburse claimant costs
0414A	Claimant - Taxi one way, or mileage	By Report	To reimburse claimant costs
0415A	Claimant - Replacement of clothing	By Report	To reimburse claimant costs
0420A	Lumbar seat support	By Report	To reimburse claimant costs
0426A	Silicone elastomer/scar conformer	By Report	To reimburse claimant costs
0440A	Weight loss program, joining fee, worker reimbursement	\$140.84	To reimburse claimant costs
0441A	Weight loss program, weekly fee, worker reimbursement	\$28.17	To reimburse claimant costs
2050A	Level 1: Chiropractic care visit (straightforward complexity)	\$37.49	Professional Services, Page 65
2051A	Level 2: Chiropractic care visit (low complexity)	\$48.02	Professional Services, Page 65
2052A	Level 3: Chiropractic care visit (moderate complexity)	\$58.49	
4570A	Claimant - Misc. medical supplies (must specify)	By Report	To reimburse claimant costs
0010E	Ankle weight purchase	By Report	To reimburse claimant costs
0012E	Wrist weight purchase		To reimburse claimant costs
8880H	Nursing home, rehab - ultra high (per day)	\$495.34	Facility Services, Page
	Nursing home, rehab - very high (per day)	\$376.43	Facility Services, Page
8882H	Nursing home, rehab - high (per day)	\$338.57	Facility Services, Page
	Nursing home, rehab - medium (per day)	\$330.35	Facility Services, Page
	Nursing home, rehab - low (per day)	\$260.43	Facility Services, Page
8885H	Nursing home, extensive services (per day)	\$307.84	Facility Services, Page
8886H	Nursing home, special care (per day)	\$231.87	Facility Services, Page
	Nursing home, clinically complex (per day)	\$230.53	Facility Services, Page
	Nursing home, impaired cognition (per day)	\$173.22	Facility Services, Page
	Nursing home, behavior only (per day)	\$171.89	Facility Services, Page
	Nursing home, reduced physical function (per day)	\$186.55	Facility Services, Page
	Adult family hm res. Care for inj. Work (per day)	\$186.55	, ,
	Boarding hm res. Care for inj. Worker (per day)	\$85.70	Facility Services, Page
	Attendant services by department approved spouse provider (per hour)	\$11.63	Professional Services, Page 89
8902H	Nursing home or residential care (group home, boarding home)	By Report	Facility Services, Page 118

Washington State Department of Labor & Industries Professional Services Fee Schedule

8914HHome modification, construction and designBy ReportProfessional Services, Page 988915HVehicle modificationBy ReportProfessional Services, Page 988916HHome modification evaluation and consultationBy ReportProfessional Services, Page 988917HHome/vehicle modification mileage, lodging, airfare, car rentalState RateProfessional Services, Page 988918HVehicle modification initial evaluation or consultationBy ReportProfessional Services, Page 988920HVehicle modification follow up consultationBy ReportProfessional Services, Page 988950HComprehensive brain injury evaluation\$3,782.04Facility Services, Page8951HBrain injury rehab program- full day\$675.36Facility Services, Page			Maximum	
8907H Home health agency visit, RN (per day) \$1515.87 Professional Services, Page 89 8912H Home health agency visit, RN, each additional visit (per day) \$1515.87 Professional Services, Page 89 8913H Home modification, construction and design \$1515 Vehicle modification evaluation and consultation \$1515 Report \$1515 Professional Services, Page 98 8915H Vehicle modification evaluation and consultation \$1515 Report \$1515 Professional Services, Page 98 8916H Home modification initial evaluation or consultation \$1515 Report \$	Local Code	Description	Fee	Payment Policy Reference
B912H Home health agency visit, RN, each additional visit (per day) S57.14 Professional Services, Page 89	8906H	Facility hospice care (per day)	By Report	Facility Services, Page 118
8914H Home modification, construction and design 8916H Vehicle modification 8916H Home modification evaluation and consultation 8916H Home modification evaluation and consultation 8917H Home/vehicle modification initial evaluation or consultation 8917H Home/vehicle modification initial evaluation or consultation 8918H Vehicle modification initial evaluation or consultation 8918H Vehicle modification follow up consultation 8920H Vehicle modification follow up consultation 8930H Vehicle modification follow up consultation 8930H Vehicle modification follow up consultation 8930H Zenzier Professional Services, Page 98 8950H Comprehensive brain injury evaluation 8931H Brain injury rehab program- full day 8951H Brain injury rehab program- full day 8951H Brain injury rehab program- full day 8952H Brain injury rehab program- full day 8953H Brain injury rehab program- full day 8954H	8907H		\$135.87	Professional Services, Page 89
8915H Vehicle modification 8916H Home modification evaluation and consultation 8916H Home modification evaluation and consultation 8917H Home/vehicle modification mileage, lodging, airfare, car rental 8918H Vehicle modification initial evaluation or consultation 8918H Vehicle modification initial evaluation or consultation 8918H Vehicle modification follow up consultation 8920H Vehicle modification follow up consultation 8920H Vehicle modification follow up consultation 8931H Brain injury rehab program- half day 8951H Brain injury rehab program- half day 8952H Brain injury rehab progra	8912H	Home health agency visit, RN, each additional visit (per day)	\$57.14	Professional Services, Page 89
B916H Home modification evaluation and consultation By Report Professional Services, Page 98	8914H	Home modification, construction and design	By Report	Professional Services, Page 98
B917H Home/vehicle modification mileage, lodging, airlare, car rental State Rate Professional Services, Page 98	8915H	Vehicle modification	By Report	Professional Services, Page 98
September Professional Services, Page 98	8916H	Home modification evaluation and consultation	By Report	Professional Services, Page 98
Sezon Vehicle modification follow up consultation Sy Report Professional Services, Page Sezon Sezo	8917H	Home/vehicle modification mileage, lodging, airfare, car rental	State Rate	Professional Services, Page 98
8950HComprehensive brain injury evaluation\$3,782.04Facility Services, Page8951HBrain injury rehab program- full day\$675.36Facility Services, Page8952HBrain injury rehab program- half day\$405.23Facility Services, Page1001MWork hardening - Evaluation, per hour (max 6 hours)\$103.18Professional Services, Page 591026MAttending physician final report (PFR)\$39.59Professional Services, Page 951027MLoss of earning power form (LEP)\$17.22Professional Services, Page 951028MReview of job descriptions or job analysis, each additional review\$33.57Professional Services, Page 971037MPhysical capacities evaluation (PCE) or restrictions\$27.54Professional Services, Page 971038MReview of job descriptions or job analysis\$44.76Professional Services, Page 971039MTime loss notification\$17.22Professional Services, Page 951040MReport of industrial injury or occupational disease/ report of accident (ROA)\$34.43Professional Services, Page 951041MApplication to reopen claim\$44.76Professional Services, Page 951044MPhysical medicine modality(ies) and/or procedure(s) by attending doctor not board qualified/certified in PM&R\$39.19Professional Services, Page 951045MPerformance-based physical capacities evaluation with report and summary of capacities\$642.24Professional Services, Page 961055MOccupational disease history form\$167.04Professional Services, Page 961056M	8918H	Vehicle modification initial evaluation or consultation	By Report	Professional Services, Page 98
BP51H Brain injury rehab program- full day \$675.36 Facility Services, Page B952H Brain injury rehab program- half day \$405.23 Facility Services, Page B952H Brain injury rehab program- half day \$405.23 Facility Services, Page \$1001M Work hardening - Evaluation, per hour (max 6 hours) \$103.18 Professional Services, Page 95 \$1026M Attending physician final report (PFR) \$39.59 Professional Services, Page 95 \$1027M Loss of earning power form (LEP) \$17.22 Professional Services, Page 95 \$1028M Review of job descriptions or job analysis, each additional review \$33.57 Professional Services, Page 97 \$1038M Review of job descriptions or job analysis \$44.76 Professional Services, Page 97 \$1038M Review of job descriptions or job analysis \$44.76 Professional Services, Page 97 \$1039M Time loss notification \$17.22 Professional Services, Page 97 \$1039M Time loss notification \$17.22 Professional Services, Page 95 \$1040M Report of industrial injury or occupational disease/ report of accident (ROA) \$34.43 Professional Services, Page 95 \$1041M Application to reopen claim \$44.76 Professional Services, Page 95 \$1044M Physical medicine modality(ies) and/or procedure(s) by attending doctor not board qualified/certified in PM&R Performance-based physical capacities evaluation with report and summary of capacities. \$642.24 Professional Services, Page 95 \$1046M Provider mileage, per mile, when round trip exceeds 14 miles. \$4.43 Professional Services, Page 96 \$1056M Doctor's estimate of physical capacities \$4.43 Professional Services, Page 96 \$1056M Option of the physical capacities \$1046M Professional Services, Page 96 \$1056M Option of the physical capacities \$1046M Professional Services, Page 96 \$1056M Option of the physical capacities \$1046M Professional Services, Page 96 \$1056M Option of the physical capacities \$1046M Option of the physical capacities \$1046M Option of th	8920H	Vehicle modification follow up consultation	By Report	Professional Services, Page 98
Brain injury rehab program- half day \$405.23 Facility Services, Page	8950H	Comprehensive brain injury evaluation	\$3,782.04	Facility Services, Page
1001MWork hardening - Evaluation, per hour (max 6 hours)\$103.18Professional Services, Page 591026MAttending physician final report (PFR)\$37.59Professional Services, Page 951027MLoss of earning power form (LEP)\$17.22Professional Services, Page 951028MReview of job descriptions or job analysis, each additional review\$33.57Professional Services, Page 971037MPhysical capacities evaluation (PCE) or restrictions\$27.54Professional Services, Page 971038MReview of job descriptions or job analysis\$4.46Professional Services, Page 971039MTime loss notification\$17.22Professional Services, Page 951040MReport of industrial injury or occupational disease/ report of accident (ROA)\$34.43Professional Services, Page 951041MApplication to reopen claim\$44.6Professional Services, Page 951044MPhysical medicine modality(ies) and/or procedure(s) by attending doctor not board qualified/certified in PM&R\$39.19Professional Services, Page 951045MProvider mileage, per mile, when round trip exceeds 14 miles.\$4.43Professional Services, Page 951046MProvider mileage, per mile, when round trip exceeds 14 miles.\$4.43Professional Services, Page 961055MOccupational disease history form\$167.04Professional Services, Page 961055MOccupational disease history form\$167.04Professional Services, Page 961056MSupplemental medical report (SMR)\$22.38Professional Services, Page 96	8951H	Brain injury rehab program- full day	\$675.36	
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Physical capacities evaluation (PCE) or restrictions Review of job descriptions or job analysis \$44.76 Professional Services, Page 97 Time loss notification Report of industrial injury or occupational disease/ report of accident (ROA) \$17.22 Professional Services, Page 95 1040M Report of industrial injury or occupational disease/ report of accident (ROA) \$34.43 Professional Services, Page 95 1041M Application to reopen claim Application to reopen claim Physical medicine modality(ies) and/or procedure(s) by attending doctor not board qualified/certified in PM&R 1045M Performance-based physical capacities evaluation with report and summary of capacities. \$642.24 Professional Services, Page 95 1046M Provider mileage, per mile, when round trip exceeds 14 miles. \$4.43 Professional Services, Page 95 1046M Doctor's estimate of physical capacities Occupational disease history form \$167.04 Professional Services, Page 96 1055M Occupational disease history form \$167.04 Professional Services, Page 96 1056M Supplemental medical report (SMR) Supplemental medical report (SMR) Claimant - per diem lodging/meals Diagnosis report supplement 1063M Attending doctor review of independent medical exam (IME) 1064M Initial report documenting need for opioid treatment 1065M Attending doctor review of independent medical exam (IME) 1065M Attending doctor IME review written report 1065M Attending doctor IME review written report 1065M Mile - Microfiche additional fee 1065M IME - Microfiche additional fee	1027M	Loss of earning power form (LEP)	\$17.22	Professional Services, Page 95
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1104M IME - Addendum report \$103.19 Provider Bulletin 04-07				Provider Bulletin 04-07
	1104M	IME - Addendum report	\$103.19	Provider Bulletin 04-07
	1106M	IME - Limited, single	\$399.93	Provider Bulletin 04-07

Local CodeDescriptionFeePayment Policy Referent1108MIME - Standard, single\$449,13Provider Bulletin 04-071109MIME - Complex, single\$561.39Provider Bulletin 04-071111MIME - No show fee, single examiner, standard or complex\$191.12Provider Bulletin 04-071112MIME - Additional examiner\$399.93Provider Bulletin 04-071112MIME - Spyschiatrist\$312.75Provider Bulletin 04-07112MIME - No show fee, psych\$296.25Provider Bulletin 04-071123MIME - Communication issues\$180.61Provider Bulletin 04-071123MIME - OtherBy ReportProvider Bulletin 04-071125MIME - OtherBy ReportProvider Bulletin 04-071128MIME - Occupational disease history\$167.04Provider Bulletin 04-071129MIME - Extensive file review, > 10 pages of fiche, per page\$50.57Provider Bulletin 04-071130MIME - Terminated examination\$319.94Provider Bulletin 04-071131MIME - Out-of-state examinationBy Report1190MImpairment rating exam and report by attending doctor, standard\$449.13Professional Services, f1191MImpairment rating exam and report by consultant, limited\$399.93Professional Services, f1193MImpairment rating exam and report by consultant, standard\$449.13Professional Services, f1194MImpairment rating exam and report by consultant, complex\$561.39Professional Services, f1195M<	
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1224M Nurse case management mileage, per mile State Rate Professional Services, F	
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1225M Nurse case management travel expenses (parking, tolls, ferry, lodging, airfare) State Rate Professional Services, F	'age 94
1226M UR Contract: Prospective review - inpatient Contracted	
1227M UR Contract: Prospective review - outpatient Contracted	
1230M UR Contract: Retrospective outpatient review Contracted	
1243M UR Contract: Retrospective inpatient review without bill audit Contracted	
2010M Pain clinic evaluation \$1,007.00 Facility Services, Page	
2011M Pain clinic treatment, per day \$645.00 Facility Services, Page	
2012M Pain clinic treatment extension, per day \$645.00 Facility Services, Page	
2013M Pain clinic follow up, per day \$277.25 Facility Services, Page	
9986M Interpreter mileage, per mile State Rate Professional Services, F	age 93
9988M Group direct interpretive services including wait and form completion time provided directly \$0.80 between the health care or vocational provider and the claimant, per minute	

		Maximum	
Local Code	Description	Fee	Payment Policy Reference
9989M	Individual direct interpretive services including wait and form completion time provided directly between the health care or vocational provider and the claimant, per minute	\$0.80	Professional Services, Page 93
9996M	Interpreter "no show" fee when a claimant does not attend an insurer requested IME	\$48.00	Professional Services, Page 93
9997M	Document translation at insurer request	By Report	Professional Services, Page 93
0301R	Retraining, plan travel, mileage	State Rate	
0302R	Retraining, plan travel, parking	By Report	
0303R	Retraining, plan travel, bridge/ferry toll	By Report	
0304R	Retraining, plan travel, commercial transportation	By Report	
0375R	Retraining, relocation costs	By Report	
0378R	Stand Alone Job Analysis, non-VRC, per 6 minutes	\$7.99	Professional Services, Page 100
0380R	Job modification	By Report	Professional Services, Page 98
0385R	Pre-job accommodation	By Report	Professional Services, Page 98
0388R	Plan development services, non-voc	By Report	
0389R	Pre-job or job modification consultation, non-VRC, per 6 minutes	\$9.71	Professional Services, Page 98 & 100
0390R	Work evaluation, non-VRC, per 6 minutes	\$7.99	Professional Services, Page 100
0391R	Travel/wait time, non-VRC, per 6 minutes	\$4.40	Professional Services, Page 98 & 100
0392R	Mileage, non-VRC, per mile	State Rate	Professional Services, Page 98 & 100
0393R	Ferry charges, non-vocational	State Rate	Professional Services, Page 98 & 100
0395R	Dept of Personnel rtrn to wrk srvcs	By Report	
V0080	Early intervention services, VRC, per 6 minutes	\$7.99	Professional Services, Page 99
0801V	Early intervention services, intern, per 6 minutes	\$6.79	Professional Services, Page 99
0802V	Early Intervention Services Extension, VRC, per 6 minutes	\$7.99	Professional Services, Page 99
0803V	Early Intervention Services Extension intern, per 6 minutes	\$6.79	Professional Services, Page 99
0808V	Stand Alone Job Analysis, VRC, per 6 minutes	\$7.99	Professional Services, Page 100
0809V	Stand Alone Job Analysis, intern, per 6 minutes	\$6.79	Professional Services, Page 100
0810V	Assessment services, VRC, per 6 minutes	\$7.99	Professional Services, Page 99
0811V	Assessment services, intern, per 6 minutes	\$6.79	Professional Services, Page 99
0821V	Work evaluation, VRC, per 6 minutes	\$7.99	Professional Services, Page 99
0823V	Pre-job or job modification consultation, VRC, per 6 minutes	\$7.99	Professional Services, Page 99
0824V	Pre-job or job modification consultation, intern, per 6 minutes	\$6.79	Professional Services, Page 99
0830V	Plan development services, VRC, per 6 minutes	\$7.99	Professional Services, Page 99
0831V	Plan development services, intern, per 6 minutes	\$6.79	Professional Services, Page 99
0840V	Plan implementation services, VRC, per 6 minutes	\$7.99	Professional Services, Page 99
0841V	Plan implementation services, intern, per 6 minutes	\$6.79	Professional Services, Page 99
0881V	Forensic services, forensic VRC, per 6 minutes	\$9.55	Professional Services, Page 99
0882V	Testimony on VRC's own work, VRC, per 6 minutes	\$7.99	Professional Services, Page 99
0883V	Testimony on Intern's own work, intern, per 6 minutes	\$6.79	Professional Services, Page 99
0884V	AGO witness testimony, VRC, per 6 minutes	\$7.99	Professional Services, Page 99

		Maximum	
Local Code	Description	Fee	Payment Policy Reference
0891V	Travel/wait time, VRC or forensic VRC, per 6 minutes	\$3.98	Professional Services, Page 99
0892V	Travel/wait time, intern, per 6 minutes	\$3.98	Professional Services, Page 99
0893V	Professional mileage, VRC, per mile	State Rate	Professional Services, Page 99
0894V	Professional mileage, intern, per mile	State Rate	Professional Services, Page 99
0895V	Air travel, VRC, intern, or forensic VRC	By Report	Professional Services, Page 99
0896V	Ferry charges (Voc)	By Report	Professional Services, Page 99
0897V	Hotel charges (Voc) [Out-of-state only]	By Report	Professional Services, Page 99
5091V	Hearing aid restocking fee	By Report	Professional Services, Page 116
5092V	Hearing aid cleaning visit	\$21.67	Professional Services, Page 116
5093V	Hearing aid repair (manf invoice required)	By Report	Professional Services, Page 116
R0310	Retraining tuition fees incl parking	By Report	To reimburse claimant costs
R0312	Retraining supplies	By Report	To reimburse claimant costs
R0315	Retraining equipment	By Report	To reimburse claimant costs
R0320	Retraining examination and license fees	By Report	To reimburse claimant costs
R0330	Retraining transportation mileage	State Rate	To reimburse claimant costs
R0332	Retraining parking	By Report	To reimburse claimant costs
R0334	Retraining bridge ferry tolls	By Report	To reimburse claimant costs
R0336	Retraining commerical transportation	By Report	To reimburse claimant costs
R0340	Retraining books	By Report	To reimburse claimant costs
R0350	Retraining other	By Report	To reimburse claimant costs
R0360	Retraining board	By Report	To reimburse claimant costs
R0370	Retraining room	By Report	To reimburse claimant costs
R0390	Retraining child care licensd 6 hr/less	By Report	To reimburse claimant costs
R0392	Retraining child care licensd 7-9 hrs ea	By Report	To reimburse claimant costs
V0028	Travel, vocational services, claimant	State Rate	To reimburse claimant costs